SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 81 OF Use separate schedule(s) (check only one)

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| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| NAME OF COMMITTEE (In Full) American Hospital Association F | PAC | |
| Full Name (Last, First, Middle Initial) Dr. Peter E Person MD Mailing Address 502 East Second Street City Duluth FEC ID number of contributing federal political committee. Name of Employer Essentia Health Receipt For: Primary General Other (specify) | State Zip Code MN 55805-1982 C Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 500.00 | Date of Receipt 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| Full Name (Last, First, Middle Initial) Mr. Joseph A Schindler Mailing Address 2550 University Avenue W. Suite 350-S City Saint Paul FEC ID number of contributing federal political committee. Name of Employer Minnesota Hospital Association Receipt For: Primary Other (specify) Other (specify) | State Zip Code MN 55114-1052 C Occupation Vice President, Finance Aggregate Year-to-Date ▼ 249.99 | Date of Receipt O7 22 2014 Transaction ID: 21895224 Amount of Each Receipt this Period 134.61 |
| Full Name (Last, First, Middle Initial) Mr. Mark Sonneborn Mailing Address 2550 University Avenue W. City Saint Paul FEC ID number of contributing federal political committee. Name of Employer Minnesota Hospital Association Receipt For: Primary General Other (specify) | State Zip Code MN 55114-1052 C Occupation Vice President of Information Services Aggregate Year-to-Date ▼ 249.99 | Date of Receipt 07 22 2014 Transaction ID : 21895225 Amount of Each Receipt this Period 134.61 |
| SUBTOTAL of Receipts This Page (optional) | | 769.22 |
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